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No. 4

July, 1914.

Vol. VII.

Bulletin
(OF THE)
**Ontario Hospitals for
the Insane**

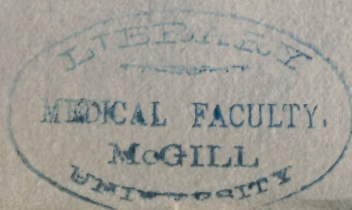
*A Journal Devoted
to the interests of
Psychiatry in Ontario*

Printed by Order of the Legislative Assembly



FOR THE DEPARTMENT OF THE PROVINCIAL SECRETARY

Printed by L. K. CAMERON, Printer to the King's Most
Excellent Majesty.



MEDICAL LIBRARY EXCHANGE

Every medical practitioner in Ontario is invited to interest himself in the success of the Hospital for the Insane in the district in which he resides. Every Superintendent realizes that the successful results aimed at in the modern treatment of the Insane can be more readily secured by enlisting the co-operation and sympathetic support of the medical men who were formerly the physicians to the patients in their homes. The family Physician naturally watches with interest the course of the hospital treatment and should consider himself an honorary member of the visiting staff of the hospital to which his patients are sent for treatment.

PROCEDURE TO SECURE ADMISSION OF PATIENTS.

The Provincial Secretary desires that all cases that are likely to be benefited by treatment in a Hospital for the Insane should be admitted with the least possible delay.

(1) Where the property of a patient is sufficient, or his friends are willing to pay the cost of the Medical Examination, the family Physician should apply directly to the Medical Superintendent of the Hospital for the Insane, in whose district the patient resides, for the necessary blank forms. These being secured, they should be properly and fully filled in, dated, signed in presence of two witnesses by the medical men in attendance. They are then returned to the Hospital, and if satisfactory, and there is accommodation, advice will be sent at once to have the patient transferred.

(2) Where the patient has no property, and no friends willing to pay the cost, application should be made to the head of the Municipality where he lives, who, after satisfying himself that the patient is destitute, may order the examination to be made by two physicians, and a similar course to the above is then followed. The Council of the Municipality is liable for all costs incurred, including expenses of travel.

(3) Where the patient is suspected to be dangerously insane, information should be laid before a magistrate, who may issue a Warrant for the apprehension of the patient, and if satisfied that he is dangerously insane may commit the patient to the custody of someone who will care for him, but not to a lock-up, gaol, prison or reformatory, and notify the Medical Examiners. The Magistrate should then send to the inspector of Prisons and Public Charities, Parliament Buildings, Toronto, all the information, evidence and certificates of insanity. The costs incurred by this method form a charge against the County, City or Town in which such patient resided.

Voluntary Admission.

The Superintendent of a Hospital for Insane may receive and detain as a patient any person suitable for care and treatment who voluntarily makes written application on a prescribed form, and whose mental condition is such as to render him competent to make application.

A person so received shall not be detained more than five days after having given notice in writing of his desire to leave the hospital.

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The Bulletin
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NOTES OF A CLINICAL CASE.

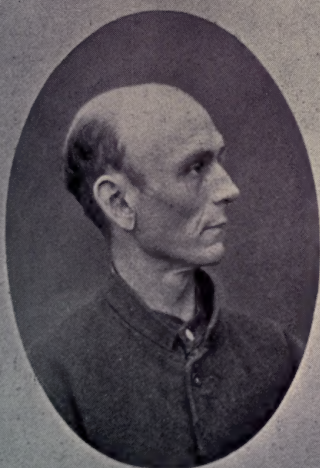
THE CASE OF WM. B.—MORAL IMBECILITY.

By C. K. CLARKE, M.D., Superintendent, Toronto General Hospital, formerly Medical Superintendent Hospitals for Insane, Toronto and Kingston, and J. WEBSTER, M.D., Hospital for Insane, Hamilton, Ontario.

In the *Journal of Mental Science* for October, 1885, there appeared a paper by Dr. D. Hack Tuke, on the case of William B. Being in a position to supplement much of the history detailed by Dr. Tuke, no excuse need be offered for this article, and as the case to be reported is of undoubted interest, it is important that it should be recorded. For the greater part of the information regarding B.'s childhood and life up to the time he was sent to the penitentiary, I am indebted to my friend, Dr. A. C. Bowerman, of Picton, Ont. Dr. Bowerman has put himself to a great deal of trouble, and it is owing to his kindness and energy that so minute an account of B.'s life can be given. Without this early history, the case would have been comparatively valueless, as it would have been impossible to state positively whether B. should be classed as an imbecile, or a subject of mania, and the case could not be

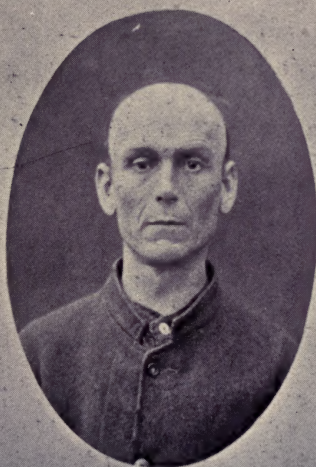
referred to as one of any particular type. The story of B.'s childhood is made up to a great extent from Dr. Bowerman's interesting letters.

William B. was born in Swansea, Wales, in 1838, being the third son of a family of five. While he was a mere child, his mother died, and shortly afterwards his father married again, and emigrated to Canada. When my informant (W. B.'s stepmother) first became acquainted with William, he was extremely feeble both in mind and body; and could walk with difficulty, his legs being weak, requiring artificial support to the ankles and knees. By great care and abundant nursing the child grew more vigorous and gained the use of his limbs; at the same time he began to be mischievous and destructive. In mental capacity he gained more slowly, and was never able to acquire more than the rudiments of an education. Beyond reading in the Psalms he made no progress—required coaxing and bribing to stimulate him to efforts of learning, and was greatly deficient in ordinary intelligence. W. B. was particularly an object of solicitous regard on the part of the foster mother, who strove to improve him physically, while the father usurped the functions of the common school, and taught all his children at home. William never attended school in Canada. In the capacity of instructor the father was abundantly competent, being a gentleman of the olden type; highly educated, refined, genial and accomplished; but with all these qualifications, which made him an ornament to the primitive society in which he lived, he unfortunately possessed an extremely nervous constitution, that was doubtless inwardly assailed by the constant recollection of social banishment. His nervousness took form in his exhibiting unnecessary fears concerning his children; he was restless and fidgety, and incessantly complained of ailments that had no existence except in imagination; while the restrictions he imposed upon his family were in many respects ridiculous and absurd. He was a thoroughly consistent and religious man, temperate, and a model of uprightness and honor.



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Never having been accustomed to manual labor, the spirit of this once affluent man was subdued; he grew fretful and discouraged; temporal affairs became more and more complicated, and as poverty loomed up on one side, the years brought numerous additions to his family and a multiplication of necessities upon the other.

Resuming now the history of W. B., it is said that up to his twelfth year he showed none of the blood-thirsty traits that have since so unfortunately distinguished him. Perhaps it was opportunity only he lacked—for as to cats and dogs none were allowed about the premises, owing to the father's hysterical antipathy to both these quadrupeds. When about twelve years of age, W. B. began to develop the peculiar tendencies that have since marked him with an individuality at once unenviable and unique. That he was conscious, to a certain extent at least, of the gravity of his first recorded misdemeanor, is evident from the fact that it was perpetrated under the cover of darkness. That he was crafty and secretive is likewise seen in the fact of his concealing all traces of his guilt, and betraying no outward sign by which he could be suspected.

That the objects of his attention were not the victims of an uncontrollable frenzy, is plainly apparent in the singular moderation of his slaughter; by which means he was able to renew more frequently his favorite pastime.

A neighbor's fowls were the first living creatures operated on. A few were killed at irregular intervals, and the bodies thrust into a wood pile. When one slaughter had become in a measure forgotten, B. would renew the offence by another attack on the poultry. Physical improvement now enlarged the domain that in a criminal point of view soon became his own. B. himself tells me that long before he killed the neighbor's poultry he had stabbed a horse and tortured other animals; in fact he cannot recollect the time he was free from the desire to torture and kill.

When about twelve years of age, he went one day with his younger half-brother for a ramble in a neigh-

boring field, beyond a thicket of willows. Having provided himself with a table knife, he cut some lithe red willows, then by cutting the buttons from the child's clothes, stripped him and beat him most cruelly with the rods. The little fellow's cries brought assistance, and liberated him from the brother, who now confessed to having destroyed the neighbor's fowls. From this time forward, however, regardless of precautions, B. entered on a succession of cruelties that have made his name a common terror in the place of his early abode. For some fancied insult he cut the throat of a neighbor's horse, and hid the weapon, a draw-knife, under a small bridge near his father's house. A year in the county gaol expiated this offence, but did not improve the morals of the boy. He forced open a chest belonging to his father, stole some money and decamped; was arrested and committed to gaol, from which he was soon liberated. In one night he mutilated three horses that were running at large in the adjoining fields. Although suspected at the time, he was not committed for this crime. Soon after, however, he made an ineffectual attempt to strangle his brother Fred, and nearly succeeded in smothering his infant sister, for which latter act he received a term of years in the Kingston Penitentiary. At the expiration of his time (seven years) he found his way into the United States Cavalry Service (December, 1864), from which he deserted, and having cruelly driven his horse into an inextricable mire, made his way homeward, and eventually reached Canada in an exhausted condition. Great vigilance was now used to prevent further depredations, and a constant supervision was exercised by the family over all his actions. He was in vain entreated to work in the garden, but would sit for hours on the ground chewing apples and tobacco.

It was well understood that W. B. had an insatiable penchant for blood; if his father suggested a fowl for dinner W. B. was instantly on the alert to perform the fascinating operation of killing it. His proclivities were

known and dreaded; cautions were exchanged to make no allusions in his presence, even to the killing of a fowl. If such an illusion were made before him the effect was instantly noticeable in B's countenance. He became agitated, restless, and assumed a peculiar expression of guiltiness that soon became a note of warning to the parents to renew their watchfulness. One evening a number of neighbors were engaged paring apples at the house of Mr. B., and some one of the company accidentally cut his finger. Instantly the stepmother noticed the peculiar signal in W. B.'s face, and cautioned the family to be on the alert. Regardless of cautions and watchfulness, the astute W. B. secured a carving knife and steel, and made off to a neighboring barn, where he stole a horse, led it away to the woods, and so mutilated it that it died. From the scene of this deed he proceeded to a thick wood, where on an unfrequented road he next morning surprised a young girl, whom he criminally assaulted. Coming home stealthily the next night he put the knife and steel into the pantry window, but was heard, and the door was opened, so he came in and went to bed, where he remained until the officers arrived and arrested him. He made no effort to escape and seemed quite unconcerned for himself. For the assault he was sentenced to death; but sentence being commuted he was sent to penitentiary for life. He came to Rockwood Criminal Asylum in February, 1870, and was transferred to the Penitentiary Criminal Asylum in June, 1877. In June, 1878, he was pardoned for good conduct and set at liberty. His first act was to visit Rockwood Asylum, and from this place he proceeded towards his home. The old love for innocent blood overpowered him before he had gone far on his journey, and he attempted the capture of two horses in a pasture. Although he succeeded in attaching ropes to the animals he was not able, for some unknown reason, to carry out his plans. He then went to a stable on the roadside, secured a horse and led the animal some distance, tied it to a telegraph pole and mutilated the poor creature in a shocking manner.

When found, the horse was alive, but was a terrible object; its tongue was cut nearly out, its neck was gashed for twelve inches, the trachea cut through, the abdomen punctured, and the flank laid open. B. was captured and committed to the gaol as a dangerous lunatic, and eventually admitted to the Kingston Asylum. Before referring to the asylum records of this unfortunate man, it will be well to detail other instances of his depravity.

While a prisoner in the county gaol he selected a negro as his companion, and during the day the two prisoners had ample opportunities for conversing with each other. It eventually leaked out that these two had developed a scheme to attack and violate B.'s stepmother, when she came to the gaol with dainties for her son. Of course it would have been impossible for such an attack to succeed, but there is not the least doubt it would have been attempted had opportunity presented. During his stay in the penitentiary, B. amused himself by snaring the warden's poultry in an artful manner, and when transferred to the Rockwood Asylum he found abundant material for his evil purposes. Shortly after his admission to the asylum an attendant missed a favorite terrier. Being asked if he knew anything about it, B. replied he had seen a patient take the dog into the closet, and in all probability it would be found in a bucket. The animal was in the place mentioned, and terribly mutilated, and B. then acknowledged himself guilty. A favorite cat was also missed and found beneath B.'s mattress, with its throat cut and body split from throat to tail; a second cat was similarly mutilated, and a third had its legs broken and throat cut. While passing a cage of doves he quickly thrust his hands between the bars and in a moment killed a bird. While an inmate of Rockwood Asylum, he on one occasion obtained possession of a shoemaker's knife and attempted to castrate a harmless imbecile; in fact he had nearly completed the operation when discovered by the attendants. On another occasion he enticed an idiot into a small room, and by means of a strap proceeded to

strangle the poor fellow. The attendants heard the noise made by the patient choking, and went to his assistance just in time to save his life. B. appears to have appreciated this little incident very thoroughly, and the strap afterwards became a very important instrument in his armamentarium. Shortly after this, B. concealed a helpless patient beneath a heap of rubbish in the basement, and evidently intended to torture the victim, but, fortunately for the patient, the plan was discovered. After B.'s last admission to Kingston Asylum, which had now ceased to be an institution for criminals, he appears to have conducted himself very well until 1881, although several mysterious and unpleasant occurrences were attributed to his authorship. In July, 1881, an opportunity to gratify his morbid passion presented itself, and from the late Dr. Metcalf's records I have gleaned the following notes:

"1st July, 1881.—Last night on my return from the city I was summoned by Dr. Montgomery to see William McD., an epileptic in No. 6 ward. The man was found to be suffering from several wounds in the abdomen. Dr. Montgomery said the injuries had been discovered by the attendant when he was putting the patient to bed. When I saw the patient he was asleep, and as Dr. M. had dressed the wounds we did not disturb McD. Suspicion at once rested on B. who, at the time of my visit, was in the city with other patients witnessing a display of fireworks. The injured patient was too stupid to give any account of his assailant, but the affair looked so much like what B. would be likely to do, that there was no doubt in my mind about it."

Dr. Metcalf often spoke of the air of surprise B. assumed when he came in and found blood in McD's room, and when accused of having committed the crime he was the picture of injured innocence. To continue Dr. Metcalf's notes:

"As soon as the patients returned I accused B. of the deed, but he stoutly denied all knowledge of it. I felt so

satisfied of his guilt, that I ordered him to be undressed in my presence, and as a result of the examination we found a two-bladed pocket knife, a yard of new bed-cord, a piece of twine, a strap and a large screw eye. I also searched his bedroom and bedding, but found nothing there. B. stated that he got the knife from another patient two months ago.

"July 2nd, 1881.—This morning I examined the injured patient, and found a transverse punctured wound, about half an inch long, immediately below the umbilicus and extending into the cavity of the abdomen. It was a recent wound, and when Dr. Montgomery first saw it, the omentum was protruding. On different parts of the abdomen were several punctures in groups of three, and these were evidently made by the prongs of a fork. In addition to these were other oval or circular marks, as if a fold of the integument had been taken up and bitten. This morning I examined the knife blade and found several stains on it. When examined under the microscope these proved to be blood stains. After attending to McD's wounds I visited B's room, and told him that blood stains had been found on the knife, and it would be well for him to make a clean breast of the whole affair. After a moment's hesitation, he confessed that the day before, when the attendants were not watching him, he got McD. into a bedroom and there injured him. He denied that he used the knife, and insisted that the wounds were inflicted by a fork he had smuggled from the dining-room the night before, and returned again in the morning. I am still of the opinion the wound was made with the knife, for it corresponds so closely with the width of the knife blade, and has such sharp cut edges. I questioned the attendants who were on duty yesterday, and they assert, positively, that none of the knives or forks were missing after dinner (the only meal when forks are used), as they were counted as usual and found correct in number. Attendant Mooney says that B.'s room was searched only a few days ago, but nothing was found—however, I believe his clothing was overlooked. B. says he wore the

knife beneath his shirt suspended in a leather bag, and such a bag was taken from his neck.

" July 4th, 1881.—I had another interview with B. this morning, and obtained from him the following information regarding the injuries inflicted upon McD. B. opened the subject himself by remarking it had been said he bought the knife in the city, when he had been there in charge of an attendant, but he assured me this was not so. He said he felt his guilt keenly, and when asked *why* he committed the crime, replied: 'Well, there are times when I am impelled to do such things, and I have not the power to resist, but after the deed is done I am sorry for it.' I asked how McD's injuries were inflicted, and he replied, 'with the fork.' I remarked that I did not understand how he could make such a wound with a fork, but he insisted that the fork was the weapon used, and that it went in above the prongs in one place, but not so far in others. I then asked him how the oval marks were made, and he said, 'With my teeth.' He also stated that the injured patient made no outcry. In reply to a question about the blood stains on the knife, he said he was ashamed to tell me about that, but finally explained that he had caught a little bird in the airing court, and killed it with the knife."

For a year after this B. behaved remarkably well, but on the 18th August, 1882, he again got into trouble. He was allowed to go to the city in charge of a young attendant, who carelessly permitted him to walk alone for a short distance. B. told the story of his elopement as follows:

"When I left the attendant I sauntered on towards the asylum quite leisurely, and expected the attendant to overtake me. At length the Asylum avenue was reached. The thought of escaping did not enter my mind until coming down the avenue. When I saw the asylum and considered that the probabilities were I should have to stay there for the rest of my life, I determined to elope. Knowing how frail I was in body, it appeared advisable

to steal a horse, and thus distance any pursuer. The stable near the main asylum was locked, so I crossed to the farm buildings and succeeded in getting the butcher's horse. After taking down several fences I gained the lake shore road, and attempted to mount the horse, but stumbled off before gaining a seat. I was completely discouraged by these attempts at riding, and soon gave up all idea of mounting the horse, but did not dare to return the beast for fear of recapture, so led it along, hoping to be able to return it when I reached home. When near Cataraqui Bridge, a man accosted me, and seemed to be suspicious about the ownership of the horse. I told him it belonged to a man named John Price. We walked together, but a cold shiver was running over me all the time for fear he was a detective and would arrest me. We parted, and I walked on, leading the horse. When two or three miles on the road I heard a buggy coming in my direction; thought it might be from the asylum, and so proceeded to tie the horse between two trees in such a position that the people could not fail to find it. By the time I had the horse tied up the attendants had arrived, and I attempted to escape, but was captured."

The cock-and-bull elements of this story were very apparent, but it required an endless amount of questioning to get at the truth. Eventually B. admitted, that had he been left to his own devices it was more than probable the horse would have been mutilated before morning.

Some of the incidents of the elopement were correct as detailed by B., but circumstantial evidence went to show that the horse was taken for a very different purpose than B. would have us believe. Although there was plenty of harness in the stable, the horse was taken with nothing but a halter on it, and when found was tied between two trees in a very suggestive manner. B. evidently had no idea the attendants were near, and when they came up to him, he was so taken by surprise that he made but a clumsy effort to escape. Undoubtedly he

was preparing to mutilate the animal, and the attendants had not arrived a moment too soon.

After this the patient was, if possible, kept under closer surveillance than ever. During 1883 and 1884, he behaved remarkably well, and appeared to be trying to "do better," and was very industrious. In July, 1884, he was allowed out of an attendant's sight and immediately got into serious trouble. Instructions of the most rigid character were now issued in regard to the patient. On August 20, 1884, a picnic was given in the asylum grounds, and B. was allowed to be present. He was carefully watched, as every attendant knew that the man was not to be left alone for a moment. Suddenly a patient made an attempt to elope, and during the excitement B. quietly slipped off. He could not have had a minute's start of the attendants, but it was enough, as the sequel proved. He succeeded in making his way to a lonely road and chanced to meet a little girl, thirteen years of age. The following newspaper extract details very faithfully what occurred:

"The girl was returning from Mr. J.'s when she met B. below the show grounds. He accosted her and asked her where she was going. She ceased singing a salvation song and told her intentions. He asked her to go with him, but she declined. Then he grabbed her, caught her by the throat and dragged her over the fence. He carried her over a ploughed field, threw her to the ground and attempted an assault. He covered her mouth so that she could not scream."

Fortunately B. was discovered before he had accomplished his purpose, and the unfortunate girl rescued. B. did not attempt to escape, and just as the affair ended the asylum attendants appeared upon the scene. The patient had not been gone from the institution an hour before he had yielded to temptation. When brought back he was completely demoralized, and when searched was found to have in his possession an awl and strap. He gave a very connected account of his elopement and attempt at rape, and said at first his intention was to

escape from confinement, but when he saw the girl he could not resist the impulse to assault her. He told me he had been very much unsettled ever since getting into trouble the month before. On the 21st August, 1884, I had a long interview with B., and at that time he was greatly agitated, and implored me to do one thing for him. I asked him what he wished me to do and he replied, "for God's sake, doctor, save me from the rope." I told him he would be tried for the crime and probably punished. He said, "they will never punish me, as I will do away with myself." On the 21st August, B. was taken into custody and seemed but little disturbed when arrested. After the crime had been committed, and before his arrest, he slept but little at night. In court he was very nervous and his fingers twitched visibly as he sat toying with his hat and boots. He listened attentively to the proceedings, and when asked to plead, said "not guilty," and elected to be tried by jury. A month later he was tried. The account of the trial is copied from the *Daily News*:

"B., the alleged lunatic who escaped from the asylum and committed an indecent assault recently, was found guilty of attempting to commit rape. When the judge asked him if he had anything to say, he replied: 'Not that I know of, my lord.' The judge then said that owing to circumstances, he would be lenient, and then sentenced him to six months in gaol at hard labor. When B. heard the sentence he brightened up and hurriedly asked: 'Will that end my punishment, my lord?' That will end your punishment; at the expiration of the time you will be discharged, said the judge. 'Thank you, my lord,' said B. B. will not have to go back to the asylum at the end of six months, so he is now in a better position than he was before he committed the crime. The general opinion was that he was not insane."

Of course at the expiration of the sentence an information was laid against B. and he was detained in the gaol upon the ground of insanity, and is still there awaiting admission to this asylum.

Of the remarkable nature of the trial I shall have something to say further on.

Such is the history of this notorious criminal, and although many incidents have been omitted, still the list is long enough to show the remarkable character of the wretched man. The first point that will suggest itself to the reader will be one in regard to the apparent want of supervision exercised by the asylum authorities over B., and one might almost imagine the criminal had been encouraged in his bloodthirsty career. After I have presented the case for the defence, it will be seen how impossible it was to care for such a man in an ordinary asylum, and it will not be difficult to feel a little sympathy for those who had to look after the patient.

From the history of the crimes committed, one would readily imagine B. the opposite of what he really is in personal appearance and manner. He is above the average height, has a bright face, and is particularly neat as regards his personal appearance. The photographs do not accord him justice. Two of them were taken when B. was in gaol, clean shaved and dressed in prison garb. When in the asylum he was somewhat of a dandy, and would never be taken for a patient by a stranger.

It must be confessed B. was liked by every one in the institution, as he was always pleasant, industrious and apparently anxious to "do better." In the wards he was as useful as an attendant, and sometimes one would think he really was possessed of an unlimited amount of affection for those over him. Whether or not this affection was genuine, the attendants generally believed in it, and invariably came to grief as a result of their misplaced confidence. To know B. was to understand how easily this feeling of confidence could be engendered, and to realize that this mild-mannered fellow had been the perpetrator of an endless number of crimes is almost impossible.

When first acquainted with the man, one is almost certain to overlook the imperfections that eventually

manifest themselves, and the impression is created that B. has a mind equal, if not superior, to that of the average of his class in life. His memory is wonderfully good. He talks intelligently on most subjects, is a ready talker, and has an attractive manner. As might be expected, he is a great expounder of religious truths, and could he practice what he preaches this tale would not be written. In spite of all the strong points just noted, B. is, as a matter of fact, little more than a child (a very bad one) in many respects, and any one knowing his weak points can easily induce him to exhibit the deficiencies. He is cunning enough to hide his imperfections before the ordinary observer, and is really clever in "sizing" his companions. He is a bundle of inconsistencies, and in spite of all his cunning, he is as credulous as a child. The last story told him is the one believed, and nothing in the world of fiction is too marvelous for him to credit. To those who are aware of his criminal record he is always penitent, and makes endless promises regarding his future behaviour. He seems thoroughly in earnest when making promises, and I fancy really means to do as he says, but he has not the necessary will power. After an extended acquaintance with B. you are convinced that he is in reality a man of a very low order of intellect, in fact, deficient and imbecile, ever ready to be influenced by the first advice he hears, be it for good or evil. Just after the commission of a crime he becomes deeply dejected, is restless at night, speaks of the past when he was a "good, religious boy," and is quite willing to talk of the morbid desire he has to do wrong. He says he fully realizes his weakness, and does not wish to be alone, for fear of this impulse, which is irresistible and cannot be controlled.

Perhaps the most remarkable feature in connection with this case is the fact that the sight of blood generally makes B. much more dangerous than he is at ordinary times. He becomes excited, pale and agitated, and under the influence of the strange stimulant is particularly liable to the morbid impulse. Occasionally, after seeing blood,

he has been known to act almost as if under the influence of an intoxicant, and has been terribly excited.

To sick patients he is particularly attentive and, when watched, kind, but cannot be trusted with them alone for a moment; under ordinary circumstances he is a coward, but when a favorite attendant is in danger he will always come to the front bravely. He obtains tobacco, straps, string, knives and nails in the most mysterious manner, and has the most impossible hiding places; is inordinately vain and fond of gossip, and understands the art of flattery thoroughly. Other patients are utilized to the greatest advantage and their possessions as required transferred to B. His education is poor, and although he can read very well, his ability to write is limited.

The above are the prominent characteristics of the man, and from the facts given it can easily be understood how difficult it is to care for such a patient in an ordinary asylum. B.'s plausibility is such that he can persuade almost any attendant to give him more liberty than the instructions prescribe, and his wonderful influence over other patients enables him to keep on hand a constant supply of the tools required in the carrying out of his unhallowed practices. B. certainly appears to belong to a totally different class from the other asylum patients.

While B. was an inmate of Kingston Asylum he was a constant source of anxiety, and the precautions taken to prevent him from doing wrong appeared complete, but then how is it possible to care for criminals and the ordinary insane under one roof?

Since B. has been in the gaol he has behaved himself very well, as might be expected, his opportunities for wrong-doing having been few, but, as he confessed to me a few days ago, he did not neglect the only good chances that presented. No less than three cats have mysteriously disappeared at the gaol, and although it appeared almost impossible that B. could have done away with them, still he was suspected. When visiting the gaol I taxed him with having destroyed the animals, and he laughingly told me that he had coaxed two cats

into the gaol corridor, and thrown them into the furnace. The recital of the little incident appeared to afford him great amusement.

Mr. C. H. Corbett, Governor of Kingston gaol, is a very intelligent observer, and as he has had ample opportunities for studying B. under the most favorable circumstances, viz., when under constant supervision, I thought it would be of great interest to have him express his opinion on B.'s mental condition. As a contrast, to bring out the lights and shades of the criminal's character, I have asked an attendant who knows B. well to write a short account of his observations. The letters are just what might be anticipated, and are doubtless very accurate pictures from the different points of view.

KINGSTON GAOL, February 24, 1886.

Dear Sir,—In complying with your request for my opinion, founded on my observation, of William B., an insane prisoner at present confined in the gaol under my charge, I think it best to give his history since his incarceration. He was received in this gaol on the 21st of August, 1884, on a charge of "assault with intent to commit rape"; was tried at the Assizes the following month, found guilty, and on the 16th was sentenced to "six months' gaol, with hard labour." On the 11th of March, 1885, the gaol surgeon, Dr. Oliver, reported to the Sheriff that B. was insane. A medical board was summoned consisting of Drs. Oliver and Fee, together with the County Judge, and an examination held, and the board pronounced B. "insane and dangerous to be at large." The certificates were forwarded to the Provincial Secretary at Toronto, but the prisoner has not as yet been removed from my custody.

Knowing that B's case was exciting considerable interest, I determined to give special attention to his case, and try and come to an independent opinion regarding him; to do this without prejudice was a difficult matter, as his past history was well known to me; I tried, however, to obliterate as far as possible from my mind all former

knowledge of his case, and treat him in every respect as if he were perfectly sane and responsible for his acts. Accordingly he was placed with the other prisoners doing ordinary work, such as unskilled labourers perform. The guards were given orders to watch him closely, and report if they noticed any change or difference in his manner. His conduct was most exemplary, he was at all times obedient, willing and appeared desirous of conducting himself well, and as a proof of his success, I may mention that it was not necessary to even reprimand him for the smallest breach of prison discipline while serving out his sentence.

On the 16th of March, the date of the expiration of his six months' sentence, on being informed that he would have to remain in custody awaiting transfer back to the asylum, he quite naturally, I thought, showed considerable displeasure, especially as the judge on sentencing him informed him that at the expiration of the six months he would be discharged. For several days he was morose, and complained of what he considered his unjust treatment; however, he soon regained his former manner, which, on the whole, is rather cheerful; I was very loth to restrict his liberty even after the medical gentlemen had certified him "dangerous." I did, however, curtail his liberty somewhat, and placed him as a cleaner within the prison proper; he performed his work here quite satisfactorily. Later, being without a suitable man for prison cook, B. volunteered for the position, and I must say he answered the requirement admirably, and I only removed him on account of the recommendation of the gaol surgeon, who was of the opinion that it was unsafe to permit B. to have so much freedom, and access to carving knives, etc. I complied with the surgeon's order, but cannot say I fully shared his fears. During all these months I had almost daily interviews with the prisoner, and certainly have failed up to the present moment to discover in what manner he is "insane and dangerous to be at large." You must not understand by this statement that I question for a moment, or intend to cast the slight-

est reflection on, the medical gentlemen by this statement. You must remember I am viewing his case solely from my personal observation since his imprisonment, and am not considering his former history; while on the other hand the doctors very properly took his former terrible history into consideration in making their certificates. The only case of cruelty or destructiveness that I am cognizant of his having committed since his twenty months' residence in this prison, is the killing of a couple of cats, and burning them in the furnace to hide his offence. He denied this on being charged by me with so doing, but as you informed me he admitted the act to you. On the other side, however, in justice must be recorded in his favor that he had at all times shown uniform kindness to sick or infirm prisoners who have been confined in the same ward with him, sharing any little "extras" procured with money furnished him by his brother with them, and doing all in his power to befriend them. In conclusion I would say (leaving out his past history) that the conclusion I have arrived at is that he might be classed as a case of slight dementia, requiring kind and considerate treatment.

I remain, sincerely yours,

C. H. CORBETT,

Governor, Gaol.

Dr. Clarke, Medical Superintendent Kingston Insane Asylum.

March 1st, 1886.

Dear Sir,—To be thoroughly acquainted with B.'s character and propensities would require a length of time, he being cunning enough to hide his inclinations for mischief. B. was always fond of reading the latest newspapers, playing cards, etc., in fact no one could see him so engaged and believe he was naturally so vicious and depraved; even in conversation he would let no word drop that would give suspicion as to his real character and inclinations.

When reading in the newspapers of a murder having been committed, or a tragedy of any kind having taken place, he was always the first to condemn the perpetrators of these acts, and wish for the speedy punishment of the offenders, and it is altogether probable that at the moment he was in earnest, but if shortly after he himself got the least opportunity, he would not lose a moment in satisfying his own cravings, which consisted in torturing, in fact seriously injuring, any helpless patient or animal he might chance to find alone. If discovered in any of his cruel acts he did not care what became of him, in fact was perfectly reckless as to his safety for the time being, but on ordinary occasions when cool seemed to realize his position fully and had an earnest desire to do better. For some time after being discovered at any of his rascally acts he would be very unsettled in mind, but if no more opportunities for mischief presented, he would again become cheerful and with careful supervision a very useful man.

If B. by any accident caught sight of blood, his whole appearance changed. He would become extremely pale and agitated and seemingly quiet and listless, but if an opportunity presented itself he would go from one extreme to the other. B. had no mind of his own; the person who was the last to converse with him on any subject seemed to convince him, whether for good or evil, as the case might be. Nothing pleased B. more than seeing himself and surroundings neat and clean, and he was a vigorous disciplinarian except where he himself was concerned. B. certainly could never be depended upon for a moment.

In caring for the sick, he was always kind and useful, but under all circumstances it was highly necessary that he be accompanied by an attendant or some one in charge, or he would do the patient some injury. On one occasion I came upon B. just as he had cut a cat's throat with a piece of barrel hoop. B's hands were covered with blood, and he appeared to be satisfied and happy, although very pale and weak.

Sticking pins into the fleshy parts of old and feeble patients was a favorite pastime with him, and he always made certain that the pin penetrated to its full extent, much to his own satisfaction if not to that of the victim. B. always contrived to have in his possession old nails, screws, straps, twine and rope, and was never without tobacco, for if short of it he would steal it if necessary from the most intelligent in the ward, not to say anything of the helpless. To hide articles B. had places without number—in the backs of pictures, in his mattress, pillow, or the window ledges, on the coping-stones and in all places least likely to be searched. B. always appeared more knave than fool and was considered by the inmates associated with him in the asylum to belong to a different type from themselves. He was the referee upon all subjects, and was respected and feared by all.

Yours respectfully,

J. DAVIDSON.

From the foregoing facts it is not a difficult matter to arrive at the conclusion that B. is a moral imbecile, and it is at least satisfactory to be able to classify him as such, for the reason that the case can now be referred to as an absolute type, free from the trammellings of that hazy definition known as "moral insanity." As Canadian law is at present, the question of B's care becomes a very difficult one to settle. An ordinary asylum is not the place for the criminal. We have no institution for the criminal insane, and this imbecile must remain in gaol until room can be found for him elsewhere. Strange to say it is impossible to convince the general public that B. is irresponsible and the impropriety of punishing him does not seem to have suggested itself, even to the very eminent judge before whom he was recently tried. The subject of insanity was ignored completely by crown and defence, although it was known B. came from the asylum. The judge in passing sentence said "he must be lenient under the circumstances," and distinctly impressed it upon the mind of the prisoner

that he would be set free when his sentence expired. B. was delighted at the prospect and seems to have thoroughly appreciated the advantages to be gained from being a moral imbecile.

A very interesting discussion, vide October, 1885, number of *Journal of Mental Science*, took place upon the case of B., after the reading of Dr. D. Hack Tuke's paper, and the subject of the imbecile's responsibility was thoroughly gone into.

It might be well to say that in B.'s case there is distinct history of a neurotic inheritance.

On May 27th, 1886, the patient was transferred from Rockwood Hospital to the Hospital for Insane, Hamilton, where a special building had been provided for isolating and caring for patients with criminal instincts. Patient is still living, aged 76, but during the past ten years has steadily failed physically, until at the present time he is almost helpless. There has been also a general mental deterioration, failing memory and childishness.

During his long residence here he has required constant and careful supervision, in spite of which he has from the first, until his physical condition rendered such acts impossible, been guilty of frequent exhibitions of his cruel, perverted instincts. These have been shown in various forms of cruelty to dumb animals and to fellow-patients, in wanton destruction of property and in various forms of sexual perversion, masturbation of himself and others, and in Sodomy.

An apparent periodicity has characterized these outbreaks, sometimes a period of one or two years has elapsed between them, and some emotional disturbance has been noticeable on several occasions immediately preceding.

The sight of blood, his own, or that of others, has on more than one occasion produced a marked mental disturbance and has been followed by some act of cruelty.

Until his physical condition prevented, patient was a willing, intelligent worker, cheerful and pleasant in conversation, and nothing in his appearance suggested that he was other than a simple, kindly, inoffensive man.

Although when detected in some misdemeanor he invariably denied his guilt or had some more or less plausible excuse, yet when questioned later he readily confessed, and usually showed deep contrition, rightly maintaining that he was not responsible, saying, "It's a kind of mania, I can't help it," but he was generally certain such things could never happen again.

From copious case book notes the following is a brief yearly summary:

1886—May 27—Admitted, in good health physically.

October 1st—Seeing some blood, became much agitated, pale and nervous, but nothing special followed.

1887—January 1st—So far has not offended, but is closely watched. Is in a very religious frame of mind, writing letters of a religious nature to friends.

April 1st—Had to be reprimanded for teasing other patients.

September 29th—A kitten strayed into the hall; patient was caught in the act of torturing it and would undoubtedly have killed it had it not been rescued by an attendant.

October 8th—Caught a mouse and proceeded to torture it.

1888—January 1st—Behaving well and working industriously on the hall.

June 4th—Demands his liberty and threatens suicide if not liberated.

October 22nd—Has not offended, but asks for a transfer to another hall, claiming to be in fear of another patient.

1889—January 26th—Somewhat irritable, asking to be transferred to another hall, and was detected with another patient planning to escape.

May 29th—Had been teasing another patient and a fight ensued. Is very irritable, sly and cunning.

1890—January 1st—No complaints since last note. Is in good health and works well on the hall.

1891—January 1st—Has been uniformly well conducted and easily controlled.

July 2nd—Still well conducted—now goes out with the walking party.

1892—January 12th—Still doing well.

March 3rd—To-day bribed a privileged patient to bring a cat to the hall, doubtless for mutilation. His plan was frustrated.

1893—January 1st—Has been in every way well behaved since last note.

1894—January 1st—No further complaints. Has been working well and in every way well conducted.

June 5th—While out on the grounds to-day, caught a cat and had partly severed its tail with a nail when discovered.

June 11th—To-day, while working on the grounds near the cow barns, patient sneaked away from his party. His absence was at once noticed by his attendant, who followed and came up with him just in time to prevent his injuring a cow. Patient had thrust his hand into the cow's vagina. He said he went to the barn to get a drink of milk. This apparently throws light on a recent injury to the vagina of a mare belonging to the Institution, which could not be accounted for.

1895—January 15th—No complaints since last note.

Patient has been working well; is very penitent and in a religious frame of mind. He does not wish his liberty, fearing that if left to himself he would again get into trouble. He considers himself a criminal, but not insane.

March 23rd—Showed some agitation, followed by mental depression, to-day at the sight of blood from an extracted tooth.

1896—January 1st—Nothing special to note. Has been well conducted and industrious.

- 1897—January 1st—Still doing well and professes to be trying to lead a better life, but does not think he could be trusted with his liberty.
- 1898—January 1st—Nothing new to note; continues well behaved.
November 1st—Was discovered to-day masturbating a demented patient. Is a masturbator himself.
- 1899—January 1st—Has been well conducted, industrious and is in good health.
- 1900—January 1st—Nothing special has occurred during the past year.
- 1901—January 1st—Still nothing special has happened.
- 1902—January 1st—Has not indulged any of his perverted instincts. Works well but is failing physically. Mentally he is less alert and rather childish.
- 1903—January 1st—Nothing special to note. Conduct has been uniformly good.
- 1904—January 1st—Still conducting himself well, but is failing physically. Goes outdoors every day, working in the grounds.
- 1905—January 1st—No change. Conduct has been good.
July 15th—Was discovered to-day watching with evident pleasure the movements of a number of flies from which he had torn the wings. It has been reported that he tries to scald other patients in the bath-room.
December 13th—To-day patient injured a horse cruelly with a broom-handle for no apparent cause.
- 1906—January 1st—Has been well behaved since last note.
- 1907—January 1st—Has conducted himself well during the past year. Is failing physically.
- 1908—January 1st—Nothing special to note. Has been well conducted.
- 1909—January 1st—Still doing well, excepting that he is becoming more feeble.

1910—January 1st—Patient is much crippled with rheumatism; is very irritable and cruel towards other patients, frequently strikes them, and on more than one occasion has tried to scald them in the bath-room. Always a masturbator; he appears to be indulging in the habit more frequently of late and also has to be carefully watched to prevent his masturbating other patients or committing Sodomy. He is now 72 years of age.

July 5th—To-day patient captured a cat which strayed in the hall and commenced to torture it, but the cat lacerated his hand badly.

1911—January 1st—His instincts are still cruel and unless carefully watched will ill-use other patients.

1912—January 1st—Is becoming too crippled to do much harm, but still masturbates himself, and others if he has the opportunity.

1913—January 1st—Very feeble, but not confined to bed. Very childish and irritable.

1914—January 1st—Progressively deteriorating mentally and physically. Still masturbates.

June 1st—Very feeble and almost helpless, but is not confined to bed. Senile changes are marked in the arteries and in his general nutrition. He is too helpless to do any harm and has deteriorated mentally, taking less interest in his surroundings and showing a marked memory defect, nevertheless he appears to have a better insight into his condition than ever before.

AN ECCENTRIC ADMISSION.

P. MACNAUGHTON, M.D.

Assistant Medical Superintendent, Hospital for Insane,
Hamilton, Ont.

The following report of a somewhat out of the ordinary case, may prove of interest to readers of the BULLETIN, and probably by this means some clue to her identity may be established and anxious relatives and friends apprised of her whereabouts.

WOMAN (Name unknown).

ADMISSION JUNE 9TH, 1914.

Was admitted this afternoon at 4.30 p.m., from the General Hospital, City, where she has been for about six weeks.

She is a large, stout, healthy-looking, middle-aged woman, and whether through fear, worry or fright she required assistance to get her up the steps and into the front hall.

On admission to the ward she was somewhat resistive and obstinate and had to be urged to have a bath and go to bed.

Her papers state, and from what little is known of her it would seem, that she is neither suicidal nor violent.

She rested quietly and slept fairly well the night of admission.

JUNE 12TH, 1914.

Nothing so far has been ascertained concerning the family history, personal history or present illness of this patient.

The certificates of Drs. MacNaughton and McGillivray, under which she was admitted, give the following information:—

Patient is a woman about 50 years of age; of medium build and well nourished; dark complexion with strong and intelligent features, but eyes are stary. She is rather



untidy in appearance and inclined to be slovenly; is restless, moaning, worrying, apprehensive and never still.

The first known of this woman was when she called at one of the city hotels, asked for work and then stood silent and dazed. The ambulance was sent for and she was taken to the General Hospital (City) on April 28th, 1914, but on her admission there nothing could be learned from her, as she would not tell her name or have anything to say.

She seems to have forgotten her name, former residence, home associations, relatives, etc., at least cannot be urged to disclose them, and the efforts of the city detectives who were put on the case as well as the full description of her which was published in the papers, failed to discover her identity or that of her friends.

This apparent stupor has continued, the only change being that recently through the efforts of the nurse attending her at the Hospital (City), she will, in parrot-like manner and with considerable hesitation, repeat short phrases, the Lord's Prayer, etc., after any person when told. She also whispers to herself, but has never voluntarily spoken.

PHYSICAL EXAMINATION.

Head.—Symmetrical; scalp clean and healthy; hair iron grey.

Ears.—Equal and regular; lobes attached; hearing appears normal.

Eyes.—Pupils normal; react to light and accommodation.

Face.—Shape oval; outline regular. Complexion rather dark; expression worried.

Mouth.—Tongue moist but slightly coated. Gum of lower jaw is spongy. Teeth absent in both upper and lower jaw. Throat and tonsils normal.

Chest.—Normal on auscultation and percussion. Heart sounds normal. Pulse 85.

Reflexes.—Seem slightly exaggerated. Nutrition—Good. Gait—Slovenly and shambling. Attitude—Rather

stooped and dejected. Urinalysis—Negative. Height—5 feet 3 inches. Weight—128 pounds.

MENTAL EXAMINATION.

Age.—About 50 years.

Perception.—Hallucinations; illusions.

There is no evidence that hallucinations or illusions have existed or do exist at the present time, except that she talks and whispers to herself.

Consciousness and Apprehension.—Consciousness is quite clouded and she does not seem to apprehend fully what is said to her or what is happening about her. She seems quite confused and in a hazy dreamy condition.

Attention.—Difficult to attain and impossible to maintain or direct. She seems so dull and stupid that it requires considerable stimulation to gain her attention at all. The different tests could not be applied in her case, as she shows no response.

Memory.—This faculty is and has been, from our first knowledge of her, a complete blank and Amnesia seems to be one of the outstanding features in her case. She is not a mute, but she seems to have forgotten entirely her name, former residence, her relatives, etc.

Orientation.—She seems completely disoriented for time, place and persons, and the most careful and pains-taking questioning elicits no information from her.

Train of Thought.—It is impossible to say what she is thinking about, as she will not give expression to her thoughts, but judging from her personal appearance it would seem that they are not pleasant ones.

Judgment.—This faculty would seem to be somewhat impaired. On account of her retardation, Amnesia, etc. it is impossible to thoroughly test it.

Emotional Field.—She seems depressed, apprehensive, rather restless and uneasy; worries, moans and wrinkles her brows. She has a pained, worried look, gazes vacantly into space and would give one the impression that she is suffering considerable mental pain.

Volitional Field.—Since admission here and while at the General Hospital (City) she was rather restless, uneasy, never still, wandering about in an aimless confused manner when left to herself. It appears that at the hospital she would repeat certain set words and phrases, which shows that she is not a mute, but on admission we were unable to get her to say anything, possibly on account of her new surroundings, of which she seemed apprehensive and distrustful. However, after a day or two she repeated words after the nurse as formerly. She shows marked retardation. She will sit in her bed and sway back and forth or from side to side muttering and moaning.

The outstanding features of this case seem to be:

Retardation, very marked. Amnesia—Facial expression, which is anxious, mystified, worried and apprehensive.

Restlessness—Confusion; and seems fearful of herself and others, especially strangers.

CONFERENCE.

Was presented June 12th, 1914, by the writer as a probable case of Involutional Melancholia. Of course the symptoms in this case are entirely objective, and some of them may only be temporary, rendering a positive diagnosis rather difficult, and very close observation for a time by those in charge will be necessary before a definite opinion can be arrived at; unless marked changes take place in the patient or we procure some valuable information from outside source.

TREATMENT.

Of course the treatment in this case will be educative, stimulating, sympathetic and encouraging.

For a few days after admission she was kept in bed, but as she had been already six weeks in the City Hospital, she was allowed up about the ward and out in the fresh air.

The nurses are very interested in her case and are leaving nothing undone to try and benefit her condition.

REPORT OF CONVENTION OF SOCIETIES FOR
MENTAL HYGIENE.

BY E. H. YOUNG, M.B.

Assistant Superintendent, Rockwood Hospital; Professor
of Psychiatry, Queen's University, Kingston, Ont.

The first convention of Mental Hygiene Societies ever assembled was held in Baltimore, Md., on May 25th, 1914, under the auspices of the National Committee of Mental Hygiene.

In view of the fact that the Committee on Mental Hygiene appointed by the Canadian Medical Association at its last annual meeting will bring in a report at the coming meeting in St. John, it may be interesting to the readers of the BULLETIN to have before them a summary of the proceedings of the American Societies.

The convention, immediately preceding the annual meeting of the American Medico-Psychological Association, was the result of the expressed desires of a number of State Societies for Mental Hygiene.

"This seems to me an historic day," said Dr. Paton, in opening the afternoon session. "When we look at mental hygiene in its broad sense, the significance of this meeting is neither more nor less than that we are beginning to take an intelligent interest in the subject of human activity."

Careful organization of the meetings made it possible to view many aspects of the problem in a brief time. The sessions convened in Osler Hall, in the building of the Medical and Chirurgical Faculty. At the afternoon session, when Dr. Stewart Paton, of Princeton University, presided, concrete details of mental hygiene societies, their beginnings, specific aims and some definite activities filled the time, leaving a margin for personal acquaintance and interchange of questions. The significance of the work to education, legislation, to medicine and sanitation

were emphasized in the evening addresses, when Dr. Lewellys S. Barker, President of the National Committee on Mental Hygiene, presided.

Some foundations for successful work by State societies and committees for mental hygiene were indicated by Dr. Thomas W. Salmon. A definite aim, accurate information, relations with other agencies in this field—these he pointed out as the *sine qua non* of successful work. Not necessarily the most attractive work nor the most spectacular will form the immediate duty of a mental hygiene society; nor on the other hand can definite rules of procedure be laid down for every organization. In one state the problems are those of the seventeenth century, and a society must get its insane out of gaols and into hospitals. In another state the problems are distinctively those of the twentieth century and concern occupations and after care.

Certain of the practical problems which Dr. Salmon outlined as facing each new society may be thus summarized:

1. *Aim*.—Shall a society deal with cases of mental disorder only? Or with cases of mental deficiency also? Both if possible.

2. *Information*.—No precedents in this field, no experience to profit by. Doubly necessary to have *accurate* information.

(a) Community—How deal with insane both officially and unofficially?

(b) Institution Care—Facilities? Status?

(c) After Care—Supervision? Employment? Attitude of community?

(d) Legislation—Existing laws? Changes needed? Danger of haste here is great. Need of careful intensive study.

3. *Co-operation*.—A mental hygiene society's relation:

(a) To hospitals for the insane—remember their longer experience in actual work.

(b) To courts. Offers of help often accepted.

- (c) To other agencies in social work—few of these realize yet how mental defects complicate their problem.

4. *Publicity*.—Newspapers usually are glad to co-operate.

Following Dr. Salmon's address representatives from mental hygiene societies of eight different States gave in quick succession the story of their beginnings, their problems and certain lines of their work.

In opening the evening session Dr. Barker spoke briefly of recent progress of the National Committee on Mental Hygiene. As a result of the first large gift of money the committee has been able to establish an office with a secretary, medical director and office assistants. Various pamphlets have been prepared and distributed, many public meetings held, and a mental hygiene exhibit arranged and sent to a number of cities. Several thorough investigations of local conditions have been made, local societies formed and a large correspondence is maintained.

In Miss Lathrop's absence Dr. Stewart Paton gave the address originally planned for the afternoon. Speaking of the significance of the present interest in mental hygiene, Dr. Paton emphasized the word "Conservation." This word, grown so widely popular of late, is at last applied to measures for protecting the brain-power of the race. The great problem of life, the true meaning of "culture," is just adaptation of the mind to forces of nature already hostile or made so through ignorance or superstition.

The only optimistic outlook possible for the race, Dr. Paton believed to be based upon an increased knowledge of the individual and of the mechanism of his adjustment. For the true meaning of this startling increase in insanity and feeble-mindedness, this trend of multitudes towards the slums, the hundreds of cases of nervous breakdown, all mean just this: that the individual has failed to adjust himself. Wherefore this matter of adjustment becomes the vital point in the problem of existence; and social workers, lawyers, alienists and judges

have not separate and distinct problems but one great problem in common.

Applying this specifically to education, Dr. Paton suggested that it would be well if schools, colleges and universities might become transformed into *educational* institutions. For the thing of first importance is not whether a boy shall study Greek or mathematics, but that he shall learn to live. So then, the true order in education is, first, how to live, then how to study, and last what to study. And the problems of education are seen to be the problems of adjustment and of mental hygiene.

Dr. Paton told some experiences of his own at Princeton. An informal suggestion was made in the University—that there might be a few students who would care to talk over problems of adjustment in their own life and experience. The men responded in numbers that would have taxed the activities of three advisers. But as the symptoms of maladjustment are by university age so far developed that readjustment is difficult, and often impossible, the work must be begun earlier—with studies in human conduct and means in schools whereby students may be assisted at the right time in this most vital point of education.

The paper by Senator McLean, of Connecticut, on the "Conservation of Mental Health: a National Problem," was read, in Senator McLean's absence, by Dr. C. Macfie Campbell, of the Phipps Clinic.

Reviewing the achievements in conservation and progress in Commerce and Agriculture, Senator McLean paid tribute to the work of Reed, Carroll, Gorgas, White and others, and urged that similar achievements be reached in the domain of the mind. Some of the federal government's work to this end Senator McLean indicated briefly, mentioning the hospital at Washington, primarily for officers and enlisted men and the army and navy and beneficiaries of the Marine Hospital Service, the work for insane Indians at Canton, S.D., the new institution at Ancon, soon to be completed, the new St. Lazaro at Manilla, and

the examination of immigrants at Ellis Island. The only territory under the American flag where no provision is now made for the insane is Alaska.

Senator McLean referred to the work of the Bureau of Education which was establishing classes for backward children all over the country, and seeking better means for selecting the children for these classes.

Introducing the last speaker, Dr. William H. Welch, of Johns Hopkins Medical School, Dr. Barker mentioned a few facts recalling not only the speaker's interest in all problems of hygiene, but his influence in this field as well. It was through Dr. Welch that the first large gift of \$50,000 for the National Committee of Mental Hygiene was obtained. It was through Dr. Welch's presentation of the need that Mr. Phipps gave over \$1,000,000 for the Phipps Psychiatric Clinic at Johns Hopkins Hospital. He trained Reed, Carroll, Lazaer and Agramonte, whose names are well known in the records of sanitary progress.

When he began to speak, after the applause of recognition, Dr. Welch traced a large part of the organized effort, characteristic of this age, to new scientific knowledge. This knowledge, originally in possession of a few, has been extended for the benefit of the many.

Quite as important as the direct success of such campaigns as that against tuberculosis, have been some by-products of these campaigns. For instance, anti-tuberculosis work has not only reduced the amount of tuberculosis, but has led to a study of conditions in homes and workshops, and has influenced mankind to ways of better living—living in open air, sleeping in open air, and using wholesome food. The campaign against typhoid fever has meant also an improved water supply, improved milk and food supply, and more decent conditions of living in many different ways. The anti-malaria campaign has meant also restoration of waste marsh land—has meant the riddance of such pests as the mosquito, and much else.

Dr. Welch pleaded for a saner attitude towards the insane. The realization that insanity was a disease, or

one of many diseases, not a demoniac possession or an "affliction," has been much too long delayed. Education on subjects of mental hygiene is, he said, needed for people and for doctors as well. Research is needed, study of conditions from whence insanity springs; study of the institutions which care for the insane; study of debatable questions of "border-line" cases; study of the laws giving commitment of the insane; study of those committed and of the after-care of these same patients.

Dr. Welch closed with a note of strong encouragement to workers who are doing this pioneer service in teaching humanity how to live.

The reports from individual societies called for in chronological order, beginning with the society first organized, indicated the special problem and interest of each state:

Connecticut—First of the states to organize a Mental Hygiene Society, organized in 1908. The problem of this society is one of publicity and individual assistance. The public must be reached both to make known the opportunities of aid for those mentally afflicted, and to arouse interest and public support. A free clinic has been established, and has been advertised by means of leaflets, letters to the medical profession, personal explanatory visits to organized charities, visiting nurses, teachers, settlements, churches, clubs. The most widespread results have come from the exhibit prepared by the National Committee. Interest and support in various sections of the state have been secured by sending letters to lists of people carefully selected from local information.

Illinois—Organized in 1909. Illinois was the first state in the middle-west to organize a society for Mental Hygiene, but actual work of this kind began in Chicago several years ago, when Miss Lathrop, now head of the Children's Bureau, was on the State Board of Charities. In co-operation with Rabbi Emil G. Hirsch, Miss Lathrop introduced some methods of mental hygiene.

The society's first work, 1909, was a study of cases pending commitment in the county hospital. This was done at the request of Judge Owen, of the County Court, who, having often fifty to seventy-five cases to pass on in the one day given each week to this work, often felt his information inadequate as a basis of judgment. From three to five nurses now carry on this inspection. An automobile ambulance and a limousine have replaced stretcher and patrol waggon for transferring patients. The Illinois society's problem is financial. The work is hampered for lack of office room and office assistants. The State Board of Administration has just granted \$50 a month toward the services of an after-care worker; this is the beginning of the city's taking over such care.

New York—Organized 1910. Dr. W. L. Russell gave a brief historical sketch of the development of the society from relief work of the civil war, and alluded to its work of education, after-care, and in securing better legislation. The Social Service Department was reported on by Miss Tucker. No trouble existed in finding cases to begin on, she said. The society was formed in response to calls from all over the state for information about care of cases of individuals and social agencies, cases of mental disorders, methods of follow-up work, etc. Much has been done by correspondence. Much by consultation in New York City with other social agencies. The East Side Clinic—now transferred to the Cornell Clinic—was organized at first for those who were prejudiced against hospitals, and to ensure better after-care to those in the neighborhood. Reporting was more faithfully done when patients signed a little card promising to return.

The chief problem in New York is facilities. For example, to secure employment for patients is very difficult. Again, a place is needed to which convalescing patients may be sent. Legislation has been secured which permits the quiet transfer of patients to and from hospitals without the publicity of patrol and policemen.

New Jersey—Organized in 1912. Dr. Schauffler: Mental Hygiene work is represented in this state by a committee of the Sanitary Association. But work thus far is being done by individuals rather than by co-operative effort. As president of the State Board of Education, Dr. Schauffler conferred with teachers and endeavored to detail incident cases of insanity among school children.

Massachusetts—Organized 1912. Dr. Charles E. Thompson: Work in this state is distinctly medical, because so many institutions are already doing extensive social service work. The aim is to educate the public in this subject of mental hygiene. Funds are nearly complete which will secure the services of a medical director for three years, and allow the society to begin its campaign.

Maryland—Organized 1911. Dr. W. B. Cornell, Secretary. Little propaganda work has been done, rather attention has been demanded for practical work with individual cases. Close co-operation between all social agencies adds to the effectiveness of the work. Some of these agencies that send cases to the society—besides the state hospitals—are police magistrates, police captains, juvenile courts, public schools, the child labor bureau and the federated charities. About five hundred cases have been handled in the past seventeen months. These have been preventive cases, cases for after-care and a few that were stranded in hospitals. One aim for the immediate future is an adequate system of records covering the entire history of every case. The state legislature appropriated at its last session \$2,500 for two years. This will be of material aid in the work.

Pennsylvania—Organized 1911. In this state large numbers of insane are cared for in almshouses and institutions. A careful survey of this care through the entire state is the society's first plan, looking toward legislation for improved conditions.

North Carolina—Organized 1913. Work began with the National Committee's exhibit at Raleigh, at the time

of the Teachers' Assembly, Dr. Adolf Meyer's address at the meeting also created interest. Work has been preliminary, consisting chiefly of distributing literature on mental hygiene.

In closing, Dr. Paton called on Clifford W. Beers, Secretary of the National Committee, to summarize reports from several states. Mr. Beers told of the special situations in Maine, where political and personal forces had created a difficult problem, which it is believed societies for mental hygiene can help solve. Societies are about to be formed in eight or ten states; Sydney, N.S.W., is deeply interested, also Canada and South Africa.

One result of the work of the National Committee for Mental Hygiene is a provision in the bill now before the House of Representatives, to create divisions of mental hygiene and rural sanitation in the United States Public Health Service.

The division of mental hygiene would "study and investigate mental disorders and their causes, care and prevention."

Such a ruling would obviously be of great importance to the mental hygiene movement. Under it the federal government would become responsible for a large part of the work which now, if done at all, must be done by the National Committee for Mental Hygiene and by state societies. These organizations would then be free to develop special lines of work not provided for by the government.

It is a long day since Crabbe dared in poetry such realism as a sympathetic allusion to the

"Sad sufferers under nameless ill

That yields not to the touch of human skill,"

or Wordsworth built an entire poem upon a case of senile dementia.

How interest in the "sad sufferers" from mental disorders has passed from poetic sympathy into charitable and legislative activity is recorded in annals of the nineteenth century. How tentative were the beginnings of this activity and how much greater is the task than was realized at first, scientific progress and human interest of the twentieth century are demonstrating.*

*The above is taken from *The Survey*, June 13, 1914, E. H. Y.

REPORT OF A CASE OF DEMENTIA PRAECOX
SIMULATING CHOREA INSANIENS.

By GEORGE C. KIDD, M.B.

Acting Superintendent, Hospital for Insane, Cobourg,
Ontario.

Although the discussion of Dementia Praecox has been frequent and the subject has become time-worn, we still continue to find many points of interest in it.

The case I have selected is one that was treated at the Toronto Hospital for the Insane, Toronto, 1913.

N. A.; 25 years; married; English; housewife.

FAMILY HISTORY.

Father died at 50 years of some form of heart disease; mother, 50 years, in good health; brothers, two, 20 years and 21 years, in good health; sisters, three, 12 years, 18 years and 19 years. Patient's twin sister died at birth. No consanguinity. No history of convulsions or mental disease in any of the relatives.

PERSONAL HISTORY.

Our patient was born in Yorkshire, England, about twenty-five years ago. Labour was a difficult one, patient's twin sister dying shortly after birth. As far as known she walked and talked at the usual age. She did not receive a very good education and soon left school to enter domestic service. She was married at 22 years, and came to Canada with her husband about four years ago.

PRESENT ILLNESS.

It is impossible to ascertain definitely when patient's mental illness began. Her husband says that the first symptoms were noticed shortly after she had given birth to a stillborn child, about nine months previous to her admission to the Hospital. At that time she worried a great deal about losing her child. About ten weeks before

her admission she began to neglect her housework and lost interest in her surroundings. Six weeks before admission she was treated for rheumatism and complained of pains in the soles of her feet. These pains went up the left side of her body to her hands and head. She was in bed most of the time, but she was not sleeping very well and was only taking a small amount of nourishment. Three days before her admission her husband noticed peculiar movements of her face, hands and feet. Her expression was one of anxiety and she was very much confused. She told her husband that she heard bells ringing and she would listen at the ventilator and say, "I hear them, I hear them." About this time she told her physician that she could see funny faces on the wall. The night before she came to the hospital she took her husband's revolver and put it under the mattress. She also accused him of trying to poison her.

When she was brought to the Hospital she was assisted to a chair, but the movements of her arms and legs were such that she was unable to stand or sit alone. There were irregular movements of the muscles of the head, arms and legs, and she nearly fell off the chair. The trunk would bend to one side, then to the other and at times the whole body would give a twist. She would toss her head and jerk one limb and then another. She was assisted to the ward, given a warm bath and put to bed, but she was still very restless and excited, getting out of bed, throwing her bedclothes about the room and uttering unintelligible sounds. She was very much confused and apprehensive and her expression was one of anxiety. The irregular movements of the head, arms and legs continued, and were exaggerated when anyone went near her. She was given hot packs for an hour, took a little nourishment but had difficulty in swallowing. Afterwards she remained in bed but she did not sleep.

The next day patient slept three hours. It is interesting to note that the irregular movements of the head, arms and legs increased when anyone went near her and disappeared when she slept. That night she became very

restless. She would get out of bed and stand at the window staring vacantly and talking incoherently. At ten o'clock she was given a drachm of Paraldehyde and slept seven hours.

The next day she slept several hours and all night. She took a fair amount of liquid nourishment but still had some difficulty in swallowing. The irregular movements of the arms and legs were not as marked but patient was still confused and very apprehensive. It was impossible to make a physical examination. As soon as I went into her room the irregular movements of her arms and legs became more marked and although I could not understand what she said to me, I am sure she was trying to tell me to go away from her. She was put on a Soda Salicylate mixture in the belief that these irregular movements might be choreic and not the ordinary mannerisms and stereotypys of a case of Dementia Praecox.

On the fourth day after admission these movements were less evident, and she was able to talk better, but she was still confused and apprehensive. She was disoriented and did not remember coming to the Hospital, but said she remembered getting the hot packs and thought the nurses were trying to kill her. Auditory and visual hallucinations were still present. Patient told me that she saw her husband through the window and she heard someone say, "You are no good, you will be burnt up."

One month after admission she was still somewhat confused and apprehensive, but the irregular movements of the arms and legs had disappeared. She was up and around the ward for a few hours each day, her appetite was good and she was sleeping well every night. She now seemed to recognize the nurse. She constantly showed fear and had the idea that something was going to happen to her.

At the end of the second month the irregular movements had disappeared, her appetite was good and she was sleeping well every night. She was somewhat confused and apprehensive and the nurse reported that she would hide

behind the doors. She was brought into our Staff Conference and her case gone into fully. She was diagnosed as a case of Dementia Praecox of the Catatonic form, but there was some doubt expressed as to whether the irregular movements of the head, arms and legs were mannerisms wholly or partially due to Chorea.

At the end of the third month patient was working in the laundry and getting along very well. She had improved both mentally and physically. Her husband took her home on probation, where she got along very nicely and was doing her own housework when last heard from.

In conclusion I may say that this case was diagnosed one of Catatonic Dementia Praecox on the following grounds:

- 1st. The rarity of Chorea Insaniens.
- 2nd. The mental breakdown after childbirth.
- 3rd. The history of marked indifference.
- 4th. The delusions of persecutions against her husband.
- 5th. The indefinite history of rheumatism.
- 6th. The presence of auditory and visual hallucinations, which were not all of a fearsome, disturbing nature.
- 7th. The marked confusion, apprehension and exaggerated mannerisms and stereotypys.
- 8th. The disappearance of the irregular movements when patient slept.

THE PREVENTION OF NOISE IN HOSPITALS FOR THE INSANE.

BY ELIZABETH MILLS.

Head Nurse, Rockwood Hospital, Kingston.

The diminution of noise in hospitals for the insane is a very important and practical problem, which goes to the root of many of the difficulties encountered in the management of the insane. It is universally accepted that, in institutions for the sick, the amount of noise should be reduced to a minimum, and the extent to which this has been accomplished may be taken as an index of the good management of the hospital. The difference between the state of the mad-houses of the past and of the mental hospitals of the present day is largely the result of better methods for securing that quietness which is indispensable for the successful treatment of patients.

Since a consideration of prevention is inseparable from that of causation, our starting point is clearly indicated. Conditions vary greatly in different institutions, but there are several general principles applicable to all hospitals for the insane, and we shall refer to several specific factors to the breaking of that peace which should be characteristic of the institutions under our charge.

Much of the quiet of an institution depends on its site, construction and equipment. Fortunately the Hospitals for the Insane in this Province are located at a sufficient distance from the roar of traffic and factory to avoid disturbance from that source. On the other hand many of the hospitals were built long before hospital architecture had reached its present development as a science and an art and consequently necessarily lack some of the recent improvements which are found in the newest General Hospitals. Floors can now be laid so as to be non-conductive of sound, doors hung with noiseless automatic

checks and springs, windows are made to glide smoothly on ball bearing pulleys, and walls are constructed to confine sound to their own enclosures, dining-rooms and pantries are sufficiently distant from the main ward to render the rattling of dishes inaudible, the constant and irritating patter of many feet on hardwood floors is abolished by runners of battleship linoleum. An annoyance of which nervous patients complain is the constant ringing of bells connected with the telephone and food hoist and the ward door; these should be replaced, as has been done in General Hospitals, by the silent electric light signal system; the use of bells and steam whistles being restricted to emergency alarms. Even in an old building much can be accomplished by rearrangement of its services and careful training of the staff.

Of all individuals connected with the hospital none can do more to disturb its peace than the nurses, therefore it is of the utmost importance that only capable, conscientious women should be chosen to fill the ranks of the nursing staff. In hospitals for the insane, patients have to depend chiefly on the nurses for sane companionship, and therefore the general intelligence and natural disposition of the latter, supplemented by their conception of duty and knowledge of nursing, determine in large measure the curative atmosphere by which the patients are surrounded during the whole of their hospital residence. Superintendents should weed out all those who show a lack of sound, sensible, dependable qualities during their probationary days, and those who persist in disturbing the wards by foolish talking and frivolous conduct show a glaring want of consideration for their patients, and the sooner the hospital is rid of them the better for all concerned.

The whole secret of the success of non-restraint methods in the management of the class with which we are dealing consists in preventing or avoiding situations where restraint may be necessary. Those who fear that the insane will take advantage of the milder methods of

treatment little appreciate the power, well-poised, properly-taught, expert nurses can exercise by mental suggestion, calm persuasion and innocent artifice. Ward disorders can be more easily prevented by the judicious words of a quiet, self-possessed, gentle-toned nurse than by the threats and stormy commands of a ferocious keeper. It is because women nurses know that they cannot command effectual physical means to control their patients that they exhibit less show of force and avoid threats, and it is on this account also that they manage patients of the male wards with less irritation and fewer outbreaks than occur when male attendants are in charge.

It cannot be too deeply impressed on our nurses that noisiness in an institution for the insane is as infectious as measles; they should be taught to handle keys, dishes, doors and furniture gently and quietly; they should wear rubber heels and cultivate a noiseless tread; they should understand the necessity of promptly answering the telephone, door and waiter bells. Scolding or threatening defeats its own purpose and shouting commands to patients or fellow-nurses is inexcusable; therefore nurses should early form the habit of speaking lowly and distinctly. Example is more important than precept, so if the head nurse is negligent she need not wonder if her pupil nurses regard this form of "voice culture" lightly.

One of the chief causes of disturbance in a hospital is mental excitement of the patients. This excitement may be either of two kinds; there is, on the one hand, the mental excitement due directly to disease as of the person suffering from the delirium of an acute toxic psychosis; this is an *essential* excitement due to some abnormal stimulus arising within the patient's body; in many cases no stimuli from without reach the patient's consciousness; it is therefore amenable only to treatment which has an effect on the disease itself. Obviously the control of such forms of excitement must be left to the medical officers, the nurse's only duty being to report its occurrence immediately, and execute the physician's orders.

Such cases are comparatively rare; in fact in an institution of the size of Rockwood Hospital not more than six cases coming within this category can be found on our wards at any one time.

There is, on the other hand, the mental excitement which is a reaction to some irritation in the environment acting on excitable patients; this may be called *non-essential* excitement; it is temporary and paroxysmal in character and naturally subsides with the removal of the irritation. It is this preventable excitement which causes by far the greater portion of the disturbance in our wards and its prevention and control devolve, chiefly, not on the medical officers, but on the nursing staff. Obviously the only means of controlling this kind of excitement is the discovery and removal of the source of the irritation. If a well-directed attempt be made to grapple with this problem it will test to the utmost the originality, resource and powers of observation of the mental nurse; however, the reward is great and the benefits follow so speedily that the relationship between cause and effect are obvious to all.

The sources of avoidable irritation to patients are innumerable, but these may be markedly lessened by applying the methods outlined above. Patients in advanced dementia, like infants, when restless and troublesome are usually suffering from some bodily discomfort; we have known such patients become quiet after the relief of distended bladder or rectum, the extraction of decayed stumps of teeth, the removal of an in-grown toe-nail, or surgical attention to a suppurating ear. Night nurses have maintained quietness by giving a drink of warm milk, a soda biscuit, a little tobacco or even a rag doll to their charges. Numerous other ways of sparing the feelings of excitable patients, sheltering them from irritating stimuli, will occur to any thoughtful nurse who studies the habits and environment of her patients.

It must not be forgotten that sometimes the noise made by patients is simply pent up energy finding an outlet. All nurses notice how much more excitable patients are

on Sundays, holidays and rainy days; this is because the usual amount of occupation cannot be arranged for at such times. Provision should be made for carefully graded amounts of bodily and mental exercise for every suitable patient; if possible this should be given out of doors, on verandahs, in sun-rooms, tents or under shady trees on the hospital lawns. Even in the case of the physically weak and infirm, whose bodies must remain inactive, it is well to furnish some diversion such as reading or narrating stories, making picture books, playing cards, or even doing kindergarten work. Much is lacking in the endeavors of any nurse if a number of listless and unemployed patients are a customary sight in her ward.

Every noisily excited patient should at once, without a moment's delay, be removed to a room where she cannot disturb her fellow-patients. In the construction of any institution for the mentally deranged architectural provision should be made upon every ward for a partially isolated room to which an excited patient can come, accompanied by one or more nurses who can administer suitable treatment until calmness returns and the danger of inflaming the excitability of others is past. However, this is not to be construed as a defence of the pernicious practice of "secluding" patients behind locked doors. At the first sign of disturbance a night nurse should take energetic steps to check it; if the noise is allowed to continue, the other patients will be aroused and soon not even the whole night staff is sufficient to give individual attention; then sleep—the best of all tonics for the mentally deranged—is needlessly lost.

Though cognizant of our inability to attain perfection, and to secure the entire abolition of noise in our hospitals, it is not unreasonable to think that we may approach closer and closer to that ideal. Experience has convinced me that by a thorough application of the means indicated above, by an unceasing vigilance in checking troublesome and disorderly tendencies before they have formed into habits, and by the persevering pursuit of the policy of

re-educating our unrecovered patients in the ways of decency and good order, we shall be able to cut off disorder at the source of supply, and transform the atmosphere in our hospitals for the insane from one of ceaseless confusion and disorder to one of calmness and repose wherein even the most fastidious neurasthenic will be unable to find a source of irritation.

HEREDITY VS. ASEXUALIZATION.

By L. R. YEALLAND, M.D.

Hospital for the Insane, Mimico.

With our high intellectual development and the universal desire to care for and treat the most unfortunate of the human race, means have been devised for protecting a defective type of humanity. This has already impressed itself upon mankind and in the movement the Province of Ontario is well in advance. On April 30th, 1914, the total number of insane in the Province was:

Lunatics in ten asylums.....	6,086
Epileptics.....	211
Idiots and Imbeciles.....	808
Lunatics not in custody.....	158
Lunatics in the Penitentiaries.....	3
Lunatics in the Central Prison.....	3
Lunatics in private asylums.....	113
Making a total of.....	7,382

For 1912 it cost \$1,102,230.89 for the maintenance of patients in the Provincial Asylums of Ontario exclusive of money spent on construction. It will therefore readily be seen that insanity is one of the greatest financial burdens, to say nothing of its sociologic menace. Some of our political economists have gone more or less extensively into this subject, and this has led to the question of the advisability of preventing the unfit from becoming parents or in other words, "Negative Eugenics." Sterilization is considered by some as the only advisable method of keeping down this social pollution, and it is with reference to this mode of prophylaxis that this article has to deal.

In 1914 a bill was introduced and subsequently withdrawn, in the Legislative Assembly in the Province of Ontario in the form of an Act concerning operations for

the prevention of procreation. The substance of this bill was:

"That the Lieutenant-Governor in Council may appoint for each of the Provincial Institutions for the care of the insane, feeble-minded and epileptics, two skilled surgeons who in conjunction with the physician or surgeon in charge shall examine such persons as are reported to them by the superintendent or physician or surgeon in charge to be persons by whom procreation would be inadvisable. Such board shall examine the physical and mental condition of such persons and their record and family so far as the same can be ascertained and if in the judgment of the majority of such board procreation by any such person would produce children with an inherited tendency to crime, insanity, feeble-mindedness, idiocy or imbecility and there is no probability that the condition of any such person so examined will improve to such an extent as to render procreation by such person advisable or if the physical or mental condition of any such person will be substantially improved thereby then the said board shall appoint one of its members to perform the operation of Vasectomy or Oophorectomy as the case may be upon such person."

Similar bills have been discussed in the Legislatures of Wisconsin, States of Oregon and Pennsylvania, but they failed to become law. However, Indiana, Iowa, Oregon, Utah, Connecticut and California have sterilization laws of liberal scope. Is it possible with the very superficial knowledge we have at the present time of "Heredity" for any committee to say definitely what parent will or will not give birth to a healthy normal child?

Certain laws of heredity have been laid down by Darwin and others which have to be considered by those treating this subject, and have been ably set forth by Doctor Mercier in his paper on the "Data of Alienism." He says:—"The first and most fundamental law of heredity is that every attribute of the parents tends to

be inherited by the offspring. Inheritance is the rule, non-inheritance the exception." It is not said that every attribute is inherited, but that every attribute tends to be inherited, and will be unless some opposing influence counteracts this tendency. Is it not possible that environment would be an opposing influence to counteract this tendency?

Mercier mentions certain propositions which express the partial operation of this law. The first is "that an attribute which appeared in the parent at a certain period of life tends to appear in the offspring at a corresponding period." This may be true of the ordinary changes in the lower animals, but we have not enough statistics to show that it is the rule in the insane. Another is "that when the same attribute appears in several generations but is not congenital it may appear at an earlier age in each successive generation."

It is quite doubtful that sufficient reliable statistics could be furnished to prove this to be true in the insane and so also with regard to the transmission of the disorder to one sex only, or to the offspring of the opposite sex only. In many cases the history of a hereditary taint in a family is given by a patient, which results in making statistics of little value with regard to hereditary tendency.

Passing over some other propositions we come to the second law of heredity, which Mercier calls the law of the limited dissimilarity of parents. "There are," he says, "certain limits on the one hand of similarity and on the other of dissimilarity, between two individuals, between which limits only can the union of the two be fertile, and in proportion as these limits are approached, the offspring deteriorates in organization."

Under the head of "similarity" Mercier discusses the marriage of cousins. "If two brothers inherit strongly the character of one of their parents, and if each transmits these qualities prepotently to his children, the cousins thus produced will have not only a close relationship of blood but a close similarity of physiological characters,

and if they marry, their offspring will be likely to be imperfect. If, however, of two brothers one inherits strongly the character of the father and the other exhibits a strong reversion to the maternal great grandfather, and if the children of one brother inherit mainly from the father while the qualities of the mother are prepotent in the children of the other, it is evident that although the blood relationship is as near as in the former cousins, yet since these cousins have a considerable physiological dissimilarity their offspring will be likely to be well developed. In this reasoning we find an explanation of the varying conclusions of those who have studied the marriage of near kin. It is admitted by breeders of animals that it is the effect of continued in-breeding that is detrimental, and the union of a pair of cousins would not come under this description."

Mercier sums up the question of marriage of first cousins as follows: "The first consideration is whether in the family common to both cousins there is an inheritance of insanity. If there be, and if the inheritance is from a near ancestor—if, for instance, it is from one of the common grandparents—the union should under almost all circumstances be forbidden. If there is no inheritance of insanity in the common family, but near inheritance in each of the separate families, the union should be forbidden. If there is no inheritance in the common family and near inheritance in only one of the separate families, the kinship alone need be no bar to marriage."

A certain similarity of suitability is necessary for the production of well-organized offspring. There must be kinship but not too close kinship. On the other hand, too great dissimilarity has its disadvantages. The development of cross-bred offspring is rapid, but it shares the defect of all rapid growth in the result being unstable. "If," the writer adds, "a higher stage of development is attained so that the superior nerve regions reach a greater complexity and elaborateness of structure, this greater

complexity and elaborateness carries with it a greater obnoxiousness to disordering influences, a greater liability to become disordered; and when this more complex structure is developed at a more rapid rate, the tendency of the structure so formed to fall into disorder becomes additionally pronounced. Hence we find that the offspring of somewhat too dissimilar parents develop rapidly, attain early to a high degree of intelligence, and are prone to disorder of the structures last developed—the highest nerve regions."

The effects of crossing highly civilized men with women of lower races has been noted by Darwin, who speaks of the degraded state and savage disposition of crossed races of man. Is it not possible, though, that if their offspring were put in a suitable environment they might have developed to a fairly average mental state? It is said with truth that in a family saturated with insanity the tendency is either to extinction or to throw off the taint of the mental disorder by the admission into it of healthy blood. The latter, however, may take a long time owing to the phenomena of reversion. A parent who has suffered from insanity or some other neurotic disorder may transmit this to his children or some of them. Some may escape but if they meet with wives who are not themselves of a stable nature their children will in all probability show some form of nervous defect. The latency of insanity has ever to be borne in mind when the marriage is discussed of any one whose families have contained examples of this disorder, especially if these have occurred in an early period of life. At present it is to be remembered that there is a defective tendency in members of a family where it exists, even if it has not appeared in either the father or the mother of the individual. This is due to latency or reversion or atavism—important laws which are apt to be overlooked by those who wish to ignore the taint.

For the purpose of strengthening a very narrow belief in heredity supporters of sterilization generally refer to

the drunken, worthless vagabond born about the year 1720, whose twelve hundred descendants were traced as having been inmates of penal and charitable institutions. None of them were at any time of any value to their communities, a great number lived in poor houses; some died in childhood; others suffered from diseases of vice, while others were notorious prostitutes, murderers, thieves and so forth.

For purpose of comparison: Jonathan Edwards was born in the year 1703, his descendants consisted of college graduates, presidents of great colleges, professors in colleges, physicians, clergymen, editors, etc., etc. To my mind for this illustration to be of proper value, the experiment of having several of the children of the drunken, worthless vagabond exchange environment with the children of Jonathan Edwards would be necessary.

It may be interesting here to refer to genius and its relation to insanity. De Gaudenzi, who has written one of the best psychopathological studies of Tasso, shows clearly that his father, Bernardo, was a man of high intelligence, of great emotional sensibility, but, with a tendency to melancholia as well as mystical idealism of a somewhat weak character. This man's wife, Porzia, Tasso's mother, aroused the enthusiasm of all who met her as a creature of angelic perfection. Although she was not insane there was something of the same undue sensitiveness and melancholia as in the father, the same absence of the coarser and more robust virtues. Moreover she belonged to a family by no means so angelic as herself, abnormal, malevolent, avaricious, cruel and almost criminal. The son was not only a world famous poet but an exceedingly unhappy abnormal insane man. Charles Lamb's father became insane. His sister, Mary, who had been strange for a long time, suddenly lost her reason and fatally stabbed her mother. Turner's mother became insane, and a similar history is recorded of Archbishop Tillotson's mother and Leighton's father. Many others,

although not recognized as insane, were so highly abnormal as to be not far removed from insanity. This was the case with Grieg's father and with the mothers of Arthur Young and Andrew Bell. A well-known American alienist lately made the unqualified and positive statement that Mahomet, Napoleon, Molière, Handel, Paganini, Mozart, Schiller, Richelieu, Newton and Flam-bert were epileptics. An English neurologist declared that the world's history has been made by men who were either epileptics, insane or of a neuropathic stock. Aristotle said in his "Poetics" that poetry demanded a man with a touch of madness; this meant inspiration and simulated insanity. Some of those abnormal during earlier life, like Swift, or had a child become insane like Marsh, doubtless had a hereditary neurotic strain.

In the Institution at Mimico some of the worst cases are mothers and fathers of healthy children, who are strong in mind and body and apparently as little likely to become insane as any we know, and there are patients there suffering from mental illness who are the children of healthy parents. If in such cases a family history of hereditary tendency could be ascertained it would probably be of little value in view of the fact that it would come from the patients themselves. The number of people in the Province without relatives insane, neurotic or with criminal tendencies is likely very small.

From these facts it is quite evident that our knowledge of the subject of heredity is quite limited as yet, theory appears to be obscuring fact. I would humbly suggest in conclusion that the cry of to-day be that of "Caution." Discoveries are continually being made in the field of medicine which do more for health and well-being of the race than the Eugenist could ever hope to obtain. The most careful attention to the child is of vital importance, he will be the parent of the future and there is not one of them that may not be ruined with such malnutrition and injurious environment as is witnessed to-day at both ends of the social scale.

BOOK REVIEW.

"Mental Deficiency" (Amentia), by A. F. Tredgold, L.R.C.P., London, Consulting Physician, National Association for the Feeble-Minded, etc. Second edition revised and enlarged, 465 pages, published by The Mac-Millan Company, Toronto.

This work, coming in its second edition, at a time when there is such a widespread interest in the care of the feeble-minded, deals with the matter of mental deficiency in a most comprehensive manner. The chapters are so arranged as to cover the whole range of the subject. Dealing with the nature of mental deficiency, the author discusses, in a most interesting manner, the difference between the mind which we may regard as normal and that which we may rightly consider to be abnormal and defective. He declares against the altogether too prevalent method of judging mental deficiency in the inability to reach a certain degree of scholastic proficiency. He says, undoubtedly inability to progress in school is a very common characteristic of aments, but by no means invariably so, and there are persons whom every mental specialist would agree in classing as defective who yet possess very considerable scholastic attainments, which may be greater, indeed, than some members of the non-defective class. On the other hand, there are many individuals who have been complete failures at school who can yet look after their interests, earn their living and discharge their duties in one of the humbler walks of life with complete success. While, therefore, admitting the value of scholastic tests as an adjunct to diagnosis, Dr. Tredgold emphatically declares that such tests do not form a reliable criterion by which the abnormal may be differentiated from the normal mind. He states that when we find that a class of human beings exists who are devoid of what we may justly regard as the essential qualities of mind, then, and then only, are we entitled to say that to that class the term "mentally deficient" may rightly be applied. He proceeds to discuss the great

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crucial question, what is the essential purpose of Mind? He defines Amentia as "a state of restricted potentiality for, or arrest of, cerebral development, in consequence of which the person affected is incapable at maturity of so adapting himself to his environment or to the requirements of the community as to maintain existence independently of external support." No author has yet given us a better definition. In these days when the care of the feeble-minded is justly receiving so much attention, care must be taken that the pendulum does not swing too far and assertions be made that will not bear scientific investigation. Otherwise, great harm may be done. Such a book as this should have a wide field of usefulness, and as its teachings are better understood must prove a valuable aid to medical practitioners who desire to inform themselves thoroughly on this subject.

The Mental Deficiency Bill of England is carefully discussed, and the reader is impressed with the vastly different conditions that fortunately exist in Canada where, according to Dr. Tredgold's standards, we have but a small proportion of defectives in proportion to our population. To be forewarned is to be forearmed, as this volume clearly demonstrates. The volume is not only comprehensive, but the author has aimed to make it as practical as possible. The illustrations have evidently been carefully selected and the microscopical work was carried out in the Pathological Laboratory at Claybury, with which many Canadians are familiar.

This necessarily brief and incomplete review should not terminate without at least some reference to the chapter dealing with the criminal responsibility of aments. Our judges, and, of more importance, those who are to revise the Canadian Criminal Code, might read with interest and profit the conclusion, "the individual may know that his act is wrong without knowing how wrong it is." This defective appreciation of the wrongness of an act is the distinguishing feature of those aments lacking in moral sense.

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